

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

62566

State File No. 1407

318

PRIMARY REG. DIST. NO. 1003 Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>Mad</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4213 Cleveland Ave.				d. STREET ADDRESS (If rural, give location) 4213 Cleveland Ave. 8			
3. NAME OF DECEASED (Type or Print) Lewis		a. (First) P		c. (Last) Helm		4. DATE OF DEATH (Month) (Day) (Year) 2 12 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 29 1891		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Days 13 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Compositor		10b. KIND OF BUSINESS OR INDUSTRY Mangan Printing Co.		11. BIRTHPLACE (State or foreign country) Caruthersville Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Helm		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bernice Helm			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-01-9976		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernice Helm 4213 Cleveland Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i> ANTECEDENT CAUSES <i>Chronic Myocarditis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>93</i> DUE TO (c) <i>4201</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>one hour</i> <i>2/6/48 +</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12/16</i> , 1948, to <i>2/12</i> , 1949, that I last saw the deceased alive on <i>2/12</i> , 1949, and that death occurred at <i>9:00 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Bernard Hoon</i>				(Degree or title) <i>MD</i>		23b. ADDRESS <i>4755 Norwood Road St. Louis 16 Mo</i>	
23c. DATE SIGNED <i>2/12/49</i>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Feb. 14, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hayti, Mo.</i>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>FEB 14 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. Hoffmeister Colonial Mort 6464 Chippewa</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Koon

4755a Morganford Rd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Linus C. Hoffmeister

Signed _____
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.